

## ISSUE SLIP STAPLE AREA (for additional cross references)

10/19

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	BA		02/20/01
<b>O.I.P.E. CLASSIFIER</b>	KL	1019	04-11-01
<b>FORMALITY REVIEW</b>	GR	781	05-05-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	
Final	Original	
1	✓	✓ ✓ ✓ ✓ ✓
2	✓	✓ ✓ ✓ ✓ ✓
3	✓	✓ ✓ ✓ ✓ ✓
4	✓	✓ ✓ ✓ ✓ ✓
5	✓	✓ ✓ ✓ ✓ ✓
6	✓	✓ ✓ ✓ ✓ ✓
7	✓	✓ ✓ ✓ ✓ ✓
8	✓	✓ ✓ ✓ ✓ ✓
9	✓	✓ ✓ ✓ ✓ ✓
10	✓	✓ ✓ ✓ ✓ ✓
11	✓	✓ ✓ ✓ ✓ ✓
12	✓	✓ ✓ ✓ ✓ ✓
13	✓	✓ ✓ ✓ ✓ ✓
14	✓	✓ ✓ ✓ ✓ ✓
15	✓	✓ ✓ ✓ ✓ ✓
16	✓	✓ ✓ ✓ ✓ ✓
17	✓	✓ ✓ ✓ ✓ ✓
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23	✓	✓ ✓ ✓ ✓ ✓
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28	✓	✓ ✓ ✓ ✓ ✓
29	✓	✓ ✓ ✓ ✓ ✓
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44	✓	✓ ✓ ✓ ✓ ✓
45	✓	✓ ✓ ✓ ✓ ✓
46	✓	✓ ✓ ✓ ✓ ✓
47	✓	✓ ✓ ✓ ✓ ✓
48	✓	✓ ✓ ✓ ✓ ✓
49		✓
50		✓

Claim	Date	
Final	Original	
51		✓
52		✓
53		✓
54		✓
55		✓
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here